

Eight different classes of membership are provided for by Better Health Foundation, embracing persons whose education, good judgment and practical experience in various specialized fields of health conservation and scientific research work equip them to undertake impartial studies and fact-finding surveys for the Foundation; owners, executives and administrators of institutions, corporations interested in facts pertaining to disease and accident prevention in industry, hospitals interested in hospital betterment, etc. All interested in any phase of this constructive health program will be given an opportunity to contribute small or large amounts to help carry on the beneficent work of the Foundation. All of the money raised whether from donations of philanthropists or dues of members will be devoted to constructive work as none of the directors as such receive any compensation, salary or profit in any form. Busy as these eminent men are with their manifold and diverse functions they have found time to organize and conduct this Foundation to help solve problems that endanger the health and happiness of homes, that handicap educational, civic and commercial progress, that retard the mental, physical, material and spiritual advancement of society. The high professional standing of the men who have established Better Health Foundation after eleven years of valuable experience and altruistic effort through the League may be accepted as conclusive evidence of sustained interest in a needed work and ability to perform that work well.

Whole-hearted cooperation of the public is assured.

Philanthropists, in many striking instances, have given great sums of money for purposes, institutions and organizations that are no longer practical. Having in mind many frozen funds and inoperative endowments that were established for transitory needs, and that unwise bequests and endowments may create dangerous problems instead of conferring benefits on a community, the officers of Better Health Foundation will supply accurate information to philanthropists who desire to make endowments, bequests, donations or contributions to enterprises, institutions, agencies or special work of practical value in solving vital problems, so that the gift may be serviceable and not impractical, so that foresighted philanthropy may meet scientific and economic developments and keep step with ever-changing standards, customs, laws and living conditions. The basic virtue of this plan is that it establishes a disinterested and competent body to whom men with money to give may turn for impartial information.

Better Health Foundation will open up many new avenues of service and the people of California will receive lasting benefits from its program of practical idealism.

#### A BIRD'S-EYE SURVEY OF C. M. A. MEMBERSHIP FIGURES

*What Constitutes Eligibility to County, State and National Medical Societies?*—Organized medicine in principle, aims to include every eligible doctor of medicine within its fold.

An eligible practitioner is a doctor of medicine: holding his degree from an acceptable school of medicine; who is duly licensed in the state; who affirms he is a practitioner of non-sectarian medicine; and who is honorable and ethical in his relations with his colleagues and the lay public as laid down in the precepts and codes of the profession.

Possessing such qualifications, which in the new California Medical Association Constitution and By-Laws are more specifically outlined in Article IV and in Chapter I, such an eligible practitioner can be elected to membership in the component county society of the county in which he resides. He thus automatically becomes a member of the state association and also a member of the American Medical Association. Through the payment of the five dollar yearly dues of the national association, he becomes a Fellow of the American Medical Association, and receives without further cost, the weekly publication of the national organization, the *Journal of the American Medical Association*.

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*Important that Eligible Practitioners Should Become Members.*—It is highly important, in the troublous, propagandist times which nowadays are seemingly everywhere in evidence, that the component county societies should be alert to their responsibilities concerning eligible practitioners, who, for various reasons, have not affiliated them-

selves with organized medicine. It is to be remembered that those who should be with us but who are not, are through such nonaffiliation not only apt to be not of us, but actually against us. The quiet nonaffiliation or outright nonmembership antagonism of reputable eligible practitioners nullifies the organization efforts of about the same number of practitioners who are members. In other words not to have all eligible practitioners as active members in organized medicine makes for wastage in effort, and somewhat lesser prestige and influence. Such a policy is self-evidently not a very sensible one.

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*Membership Figures of the California, Utah and Nevada Medical Associations.*—The California, Utah and Nevada Medical Associations measure up to a fair average, when their total membership is compared to the total number of licensed doctors of medicine within their commonwealths. Nevertheless, the organization development has by no means reached its highest possible level in these three state organizations. Their officers and those of the component county societies must continue to survey their respective fields and make continued efforts to bring into affiliation all nonmembers who are eligible. This subject was discussed in the January 1928 issue of this journal, page 81, and county society officers who are interested in their responsibilities in this field of work may find therein some suggestions worthy of consideration.

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*Official State Examining Board Figures for California.*—In the correspondence column of the June 1929 issue of CALIFORNIA AND WESTERN MEDICINE, page 453, was printed a letter from Doctor C. B. Pinkham, secretary of the California Board of Medical Examiners, wherein he gave the information that 9702 doctors of medicine have licenses to practice in California. About 1701 of these practice in other states. That leaves 8001 doctors of medicine residing in and eligible to practice in California. Of the total 9702 doctors of medicine licensed to practice in California, Doctor Pinkham in a subsequent letter stated that about 700 or 800 were homeopathic and about 400 were eclectic graduates.

From these figures it would appear that there are therefore about 8502 doctors of medicine who were graduates of nonsectarian schools of medicine. The total membership of the California Medical Association as given in the 1929 year book register was 4624, leaving about 3874 licensed doctors of medicine in California who were not members of the C. M. A. Between 2500 and 3000 of this last number of nonmembers are in active practice in the state. It must be self-evident that a goodly number of these nonmembers possess the qualifications that would make them eligible to membership in the component societies of the counties in which they reside. The best interests of organized medicine indicate that the component county societies should make surveys to determine who are the eligible practitioners among nonmember doctors of medicine.